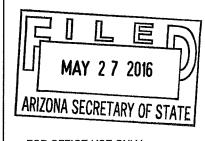


## STATE OF ARIZONA

## NOMINATION PAPER AFFIDAVIT OF QUALIFICATION CAMPAIGN FINANCE LAWS STATEMENT [A.R.S. §§ 16-311, 16-905(I)(5)]



FOR OFFICE USE ONLY

Office Revision 05/23/2013

You are hereby notified that I, the undersigned, a quality State Representative - Legislative District 15		r the office of Ibject to the
action of the Republican		•
100 0010	, and at the General Elect	
	, should I be nominated.	
I will have been a citizen of the United States for <u>53</u>		ection and will
have been a citizen of Arizona for 32 years next prec		
requirement for the office I seek and have resided in Marico		
	21 years before my electio	
I do solemnly swear (or affirm) that at the time of filir		
precinct which I propose to represent, I have no final, outstand		_
aggregate of \$1,000 that arose from failure to comply with or enfo	orcement of ARS Title 16, Cha	oter 6, and as
to all other qualifications, I will be qualified at the time of election	to hold the office that I seek, h	aving fulfilled
the constitutional and statutory requirements for holding said offic	e.	1
5661 E. Presidio Road, Scottsdale, AZ 85254	4	
Actual residence address or description of place of residence	(city or town)	(zip)
N/A		
Post office address	(-it t)	(zip)
1 ost ymce address	(city or town)	(ZiP)
		(210)
Print or type your name on the following line	in the exact manner you	(210)
	in the exact manner you	(ΖΙΡ)
Print or type your name on the following line	in the exact manner you	(210)
Print or type your name on the following line wish it to appear on the ballot. A.R.	in the exact manner you	(ZIP)
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen John	e in the exact manner you R.S. § 16-311(G).	(Zip)
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen John	e in the exact manner you R.S. § 16-311(G).	(ZIP)
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen  LAST NAME  State of Allen	e in the exact manner you R.S. § 16-311(G).  FIRST NAME	(ZIP)
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen  LAST NAME  Allowing line wish it to appear on the ballot. A.R.  Allowing line wish it to appear on the ballot. A.R.	e in the exact manner you R.S. § 16-311(G).  FIRST NAME	(Zip)
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen  LAST NAME  State of Allen	e in the exact manner you R.S. § 16-311(G).  FIRST NAME	14.
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen  LAST NAME  State of  WALL (SA)  County of WALL (SA)	FIRST NAME  CANDIDATE SIGNATURE	16. May
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen  LAST NAME  State of Wall (School)  County of Wall (School)  Subscribed and sworn to (or affirmed) before me this  ALYSSA K.MCKINLEY Notary Public - State of Artzone MARICOPA COUNTY My Commission Expires	FIRST NAME  CANDIDATE SIGNATURE  day of May, 20	16. May
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen  LAST NAME  State of Wall (School)  County of Wall (School)  Subscribed and sworn to (or affirmed) before me this  ALYSSA K.MCKINLEY Notary Public - State of Artzone MARICOPA COUNTY My Commission Expires	FIRST NAME  CANDIDATE SIGNATURE  day of May, 20  Notary Publ	16. May
Print or type your name on the following line wish it to appear on the ballot. A.R.  Allen  LAST NAME  State of  County of  Wall (\$0  County of Wall (\$0  Subscribed and sworn to (or affirmed) before me this  ALYSSA K.MCKINLEY Notary Public - State of Artzone MARICOPA COUNTY NAY Commission Expires October 27, 2016	FIRST NAME  CANDIDATE SIGNATURE  day of May, 20  Notary Publ	16. May